

State of California Division of Workers' Compensation



Medical Data Training Conference

Los Angeles, CA
320 West 4th Street
April 3~4, 2006

Oakland, CA
1515 Clay Street
April 27~28, 2006

Day 1

April 3, 2006 Los Angeles
April 27, 2006 Oakland

9:00 a.m. to 10:00 a.m. Registration
10:00 a.m. to 11:00 a.m. Welcoming/Opening presentation
11:00 a.m. to 12:00 p.m. Breakout Sessions
1:00 p.m. to 4:30 p.m. Breakout Sessions

Day 2

April 4, 2006 Los Angeles
April 28, 2006 Oakland
9:00 a.m. to 12:00 p.m. Breakout Sessions
12:00 p.m. to 1:30 p.m. Lunch
1:30 p.m. to 4:00 p.m. Breakout Sessions

A PARTIAL LIST OF SCHEDULED TOPICS TO INCLUDE:

- FTP protocol
- SSL & SSH
- Connecting to the WCIS Network
- Structure of the 837
- Structure of the 997 and error codes
- Interpreting 997 and error codes
- Example of a 997 acceptance
- Example of a 997 rejection
- Structure of the 824
- Interpreting 824 and error codes
- 824 - Example of an accepted 837
- 824 - Example of a rejected 837
- Four Stages of Implementation process
- How to complete a Trading Partner Profile(s)
- Becoming a DWC Medical Data Trading Partner
- Where to get Help
- Managers Guide to Implementing Medical EDI
- California Event Table
- Medical Data Sources
- Required Medical Data Elements
- Medical Data Requirement Table
- IAIABC Detailed Data Edits
- California Specific Data Edits
- Bill Submission Sequencing
- Application Acknowledgment Codes
- DWC Automated Processes
- Corrected Data Element Process
- Corrected Medical Bill Process
- Corrected Claims Administrator Claim Number Process
- Duplicate transmissions, transactions, and medical bills
- The DWC 837 format
- Standard Code Sets
- HCFA 1500
- The DWC HCFA1500 837 format
- UB92
- The DWC UB92 837 format
- American Dental Association
- The DWC ADA 837 format
- Universal Claim Form (NCPDP)
- The DWC NCPDP 837 format

Check <http://www.dir.ca.gov/dwc/wcis.htm> for conference updates

Medical Data Training Conference Registration Form

FIRST NAME: _____
(Please PRINT your name as you wish it to appear on your name tag)

FULL NAME: _____

COMPANY: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

Please designate the conference that you will attend:

LOS ANGELES _____
April 3-4, 2006
320 West 4th Street
Los Angeles, California

OAKLAND _____
April 27-28, 2006
1515 Clay Street
Oakland, California

Send completed form either by email or fax.

Email: wcis@dir.ca.gov
Fax: 510-286-6862

Individuals attending the conference who may need auxiliary aids or specialized services are requested to provide notice of their needs when registering so that appropriate arrangements can be made.
(Arrangements should be requested no later than 20 days before the conference.)